

OP 287118

Practitioner's Docket No. 48,240 (840)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Y. Matsushima, et al.

Application No.: 09/045,385

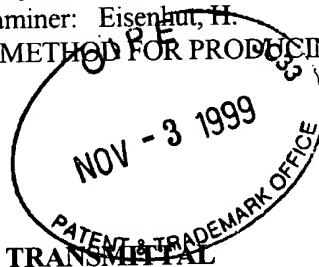
Filed: 03/20/1998

For: LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR PRODUCING THE SAME

Group No.: 2871

Examiner: Eisenhut, H.

Assistant Commissioner for Patents
Washington, D.C. 20231



Ext. of Time
#8

11-10-99

T. Flower

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

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EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

11/04/1999 NEMIFERA 00000132 09045385

01 FC:115

110.00 OP

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: October 29, 1999

Donna M. Tomaso

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	17	Minus	20	= 0	x \$0 =	\$0
Indep.	4	Minus	4	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
					Total Addit. Fee	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write AO= in Col. 3,

** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 1) is less than 20, enter A20=.

*** If the AHighest No. Previously Paid For= IN THIS SPACE (Column 2, Row 2) is less than 3, enter A3=.

The AHighest No. Previously Paid For= (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE PAYMENT

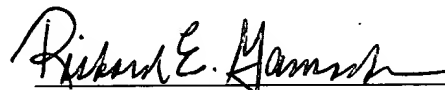
5. Attached is a check in the sum of \$110.00.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.

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SIGNATURE OF PRACTITIONER

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